

PROJECT SUMMARY INSTRUCTIONS

All of the necessary project information must be placed on the form in the space allowed. **Additional pages may not be added.** This is a summary of the project narrative.

1. **GRANT NUMBER:** Enter the Grant Number if known.
2. **PROJECT TITLE:** Enter the complete title. The title **MUST** describe the focus of the project. Acronyms are not acceptable. Do not exceed 60 characters, including space and punctuation.
3. **GRANT PERIOD:** Enter the beginning and ending dates of funding as specified in the grant application.
4. **APPLICANT:** Enter the name and complete address of the organization that is applying for the grant.
5. **GRANT AMOUNT:** Enter the amount of grant funds requested. This must be the same amount used on the budget pages and block 10G on the Grant Award Face Sheet.
6. **IMPLEMENTING AGENCY:** Enter the agency or organization designated on the Grant Award Face Sheet as the programmatic recipient of the grant funds who will accomplish the planned objectives and program goals.
7. **PROGRAM DESCRIPTION:** Provide a description of the specific area of service CalEMA is authorized to fund based upon state or federal legislation.
8. **PROBLEM STATEMENT:** Describe the problem the project will address. Support the problem with data such as number of offenses, description of the target area, and local needs.
9. **OBJECTIVES:** Include the quantifiable measurements which define a course of action in order to accomplish the program goals.
10. **ACTIVITIES:** Describe activities you will perform to accomplish each objective (quantify where possible).
11. **EVALUATION:** Describe how project performance will be measured, if applicable. Note who will conduct the evaluation (e.g., project staff, government personnel, or outside consultants).
12. **NUMBER OF CLIENTS TO BE SERVED:** Enter the number of clients, if applicable.
13. **PROJECT BUDGET:** Amounts in each category must be the same as the Budget Pages amounts. The total must be the same as the total in box 10G on the Grant Award Face Sheet.

PROJECT SUMMARY

1. GRANT AWARD NO. _____

2. PROJECT TITLE _____

3. GRANT PERIOD

_____ to _____

4. APPLICANT

Name: _____ Phone: _____

Address: _____ Fax #: _____

City: _____ Zip: _____

5. GRANT AMOUNT

(this is the same amount as 10G of the Grant Award Face Sheet)

\$ _____

6. IMPLEMENTING AGENCY

Name: _____ Phone: _____ Fax #: _____

Address: _____ City: _____ Zip: _____

7. PROGRAM DESCRIPTION

8. PROBLEM STATEMENT

9. OBJECTIVES

10. ACTIVITIES				
11. EVALUATION (if applicable)			12. NUMBER OF CLIENTS (if applicable)	
13. PROJECT BUDGET (these are the same amounts as on Budget Pages)				
	Personal Services	Operating Expenses	Equipment	TOTAL
Totals:				